

Directory Authorization

VDDHH maintains the following Directory Listings:

- VDDHH Directory of Qualified Interpreters for the Deaf and Hard of Hearing (Section I)
This is the faxed or mailed/hardcopy version of the directory. It is sent out only upon request.
- VDDHH Directory of Qualified Interpreters for the Deaf and Hard of Hearing (Section II)
This is the version posted on the VDDHH website and emailed upon request. The information is accessible to any Internet user.
- VDDHH Court Approved Interpreter Listing for the Deaf and Hard of Hearing** (Section III)
This is the version used for Court Interpreting coordinated by VDDHH. It is sent out only upon request.

Please complete each section with the information to be included in the Directories. **A copy of your current credentials must be on file at VDDHH. An Interpreter must possess a minimum of a VQAS Level I-T or Level I-I to be eligible for inclusion in sections I & II. You do not have to be contracted with this agency to have your information listed in the Directories.** Your signature (Section IV authorizes VDDHH to release your name and contact information in the Directory Listings.

- I. VDDHH Directory of Qualified Interpreters for the Deaf and Hard of Hearing (hardcopy/mailed version)
Copy of current credentials must be on file at VDDHH.

_____ LAST NAME, FIRST MIDDLE INITIAL				_____ Day Phone No.	_____ Evening Phone No.
_____ Mailing Address				_____ Beeper No.	_____ Car Phone No.
_____ City	_____ (County)	_____ State	_____ Zip	_____ Fax	_____ Email Address
_____ Cert./VQAS level Exp. Date				(Phone numbers and Email are optional)	

Please list my availability in the directory as follows:

Full-Time____ Evenings____ Weekends____ Summers Only____

Other (please list in 10 words or less): _____

- II. VDDHH Directory of Qualified Interpreters for the Deaf and Hard of Hearing (website/email version)
Copy of current credentials must be on file at VDDHH.

_____ LAST NAME, FIRST MIDDLE INITIAL				_____ Day Phone No.	_____ Evening Phone No.
_____ City (County) State Zip				_____ Beeper No.	_____ Car Phone No.
_____ Cert./VQAS level Exp. Date				_____ Fax	_____ Email Address
(Phone Numbers and Email are optional)					

Please list my availability in the directory as follows:

Full-Time____ Evenings____ Weekends____ Summers Only____

Other (please list in 10 words or less): _____

- III. VDDHH Court Approved Interpreter Listing for the Deaf and Hard of Hearing
Eligibility for listing in this directory requires full National Certification through RID and/or an NAD V certification. Copy of current credentials must be on file at VDDHH.

_____ LAST NAME, FIRST MIDDLE INTITAL	_____ Day Phone No.	_____ Evening Phone No.
_____ Mailing Address	_____ Beeper No.	_____ Car Phone No.
_____ City (County) State Zip	_____ Fax	_____ Email Address
(Phone numbers and Email are optional)		
_____ Cert./VQAS level	_____ Exp. Date	

Please list my availability in the directory as follows:

Full-Time____ Evenings____ Weekends____ Summers Only____

Other (please list in 10 words or less): _____

- IV. Please sign here to authorize the above information to be released in the Directories:

Signed: _____ Date: _____

Please advise VDDHH, in writing, if you want to change, update or delete your listing in the Directory. If the contact information is no longer current and VDDHH is no longer able to contact you, then your name and information will be removed from the listing until you provide new information in writing.

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Please return this form to:
Virginia Department for the Deaf and Hard of Hearing
Ratcliffe Building, Suite 203
1602 Rolling Hills Drive
Richmond, VA 23229-5012
(804) 662-9502 V/TTY
1-800-552-7917 V/TTY